Tree of Life Wellness Center
Return Form

Clerk: _____Today's Date: _____Date on Customer invoice: _____

All information on this form must be filled out completely.

Customer Name: _____

Address: _____
Street Town State zip

Telephone #: ( )_____

Item(s) Returned:

1._____
_____
2._____
_____
3._____
_____
4._____
_____
5._____
_____
6._____
_____
7._____
_____
8._____
_____

Reason(s) for Return:

1._____
_____
2._____
_____
3._____
_____
4._____
_____
5._____
_____
6._____
_____
7._____
_____
8._____
_____